

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1. AMENDMENT		AFTER 2. AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.		5				
TOTAL DEF.		41				
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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